MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH Primary Registration District No. 1002 Registrar's No. DO NOT WRITE AMENDED 2-USUAL RESIDENCE (Where deceased lived. If institution: Residence before 1. PLACE OF-DEATH Par a. COUNTY 'VS 300 DATE AMENDED admission) Jackson Missour! Jackson Rev. 4/59 b. CITY (If outside corporate limits, give TOWNSHIP only) Length of stay in 1b c. CITY Inside Limits OR TOWN emorial TOWN Yes 📆 No.□ Kansas Citv Kansas c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL ORHOATTS TONG NUTS ING HOTE INSTITUTION 708 Garfield d. STREET (If outside, give location) Reside on Farm Yes 📋 No 📆 McGee 3. NAME OF DECEASED Middle First Last DATE Month Day Year (Type or print) OF CALMER DENNEY CALVIN 3 20 1963 DEATH Ю φ 9. AGE (last birthday) | IF UNDER 1 YEAR | IF UNDER 24 HR 5. SEX 6. COLOR OR RACE 7. Married Never Married A 8. DATE OF BIRTH Months Days Hours Widowed Divorced Male White 4-10-75 5 0 105, KIND OF BUSINESS OR INDUSTRY 10a. USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (City and state or country) 12. CITIZEN OF WHAT COUNTRY during most of working life, even if retired) FATMOP & LADOPOP 6 FOLLOWS Centralia . Illinois Farming & ming & Johs 13b. MOTHER'S MAIDEN NAME U.S.A. Burial 13a, FATHER'S NAME 14. NAME OF HUSBAND OR WIFE 7 Felix Denney Caroline Myler None Jackson County Welfare, K.C 17. INFORMANT Records: WAS DECEASED EVER IN U.S. ARMED FORCES? or unknown) [(If yes, give war or dates of se Harrelson, Farber, Missourino Kans, 18. CAUSE OF DEATH (Enter only one cause per II DOCUMENT PART I. DEATH WAS CAUSED BY: ONSET AND DEATH 10 RECORD IMMEDIATE CAUSE (a) 尚 11 NSTEAD Conditions, if any, DUE TO (b) 128 0 2 which gave rise to THIS above cause (a), stating the under-13 DUE TO (c) arv lying cause last. Z PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the PART III. If deceased CERTIFICATION disease condition given in PART I (a) there a pregnancy in last 90 days. Valv. AMENDMENTS ☐ Yes □ No ☐ Unknown Director 19. WAS AUTOPSY PERFORMED? SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 20a. ACCIDENT П YES | NO 7 MEDICAL Month, Day, Year 20c. TIME OF Hour RIBBON INJURY a.m. p.m. USE BLACK INK 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) STATE 20f. CITY, TOWN, OR LOCATION COUNTY 208. INJURY OCCURRED Funeral WHILE AT WORK NOT WHILE AT WORK [*FYPEWRITER* READ 3-20-63 6-4-60 and last saw him alive on. 21. I attended the deceased from Removal 4:10 p.m. the date stated above, and to the best of my knowledge, from the causes stated. SHOULD Death occurred 22c. DATE SIGNED 22b. ADDRESS AFFIDAVIT OF ģ (Degree or title) C23a. BURIAL, CREMANNN, 23b. DATE d REMOVAL Sportsmoval 3-BUTIAL 23d. LOCATION (City, town, or county) Kansas (State) ITEM NO.

ADDRESS

K.C.MO

HOMES (S)

23 BCD A

Burial

FUNERAL DIRECTOR

(Licensed Embalmer's Statement on Reverse Side)

·€emeter:

Kansas City

STATEMENT BY LICENSED EMBALMER

				, Student Embalm	er No
working under my personal su		(John R. Didmo		
student		*· \$	iigned	your Vi	Didmon
Signature of Student Embelmer				T^{\prime}	<i>F</i>
			. /	Licensed Embalmer No.	<u>. 453/</u> .
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Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting. If this body is not embalmed, fact should be so stated above.